

**2018 Volleyball Camp/Try-Out Registration Form**

**Player Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **2018-2019 Grade:** \_\_\_\_\_\_\_\_

**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age as of 9/1/2018**: \_\_\_\_\_\_\_\_

**Trying out for a team?** Yes No Undecided

*After teams are announced, a mandatory parent-player meeting will be held on Saturday, June 2nd at 2pm. Location: Bay Area Church (4800 W Main, League City). BOTH parent & player are expected to attend together. A $50 late registration fee will be assessed to anyone who needs a make-up meeting.*

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*Below to be completed by CHSA Administration.*

\_\_\_\_\_ 2018-2019 Medical Release Form

\_\_\_\_\_ Camp payment: $90 Cash \_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_